

UNITED STATES BANKRUPTCY COURT  
Southern District of New York  
Attn : Clerk of Court  
Alexander Hamilton Custom House  
One Bowling Green  
New York, NY 10004-1408



IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

----- X  
In re: ) Chapter 11  
LEHMAN BROTHERS HOLDINGS, INC. ) Case No. 08-13555 (JMP)  
Debtor. ) (Jointly Administered)  
----- X

NOTICE OF PARTIAL TRANSFER OF CLAIM  
PURSUANT TO FRBP RULE 3001(e)(2)

1. TO: **UBS EUROPE SE ("Transferor")**  
Succursale Italia  
Via Benigno Crespi, 24  
Milano, 20159  
Italy
2. Please take notice of the transfer of an undivided interest in the amount of USD 291,215.99 (EUR 200,000.00), of your claim against LEHMAN BROTHERS HOLDINGS INC. Case No. 08-13555 (JMP) in the above-referenced consolidated proceedings, arising from and relating to the guaranty of certain underlying securities described in Claim No. 64043 (attached as Exhibit A hereto), to:

**BANCA POPOLARE DI SONDRIO S.c.p.A. ("Transferee")**  
Servizio Finanza – Amministrazione Titoli  
Piazza Garibaldi, 16  
Sondrio, 23100  
Italy  
Attn Gerry De Alberti

An evidence of transfer of claim (including details as to the underlying securities) is attached hereto as Exhibit B. All notices regarding the transferred portion of the claim should be sent to the Transferee as the address attached in Exhibit C.

3. No action is required if you do not object to the transfer of your claim. However, **IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIM, WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, YOU MUST:**

■ **FILE A WRITTEN OBJECTION TO THE TRANSFER** with:

United States Bankruptcy Court  
Southern District of New York  
Attn: Clerk of Court  
Alexander Hamilton Custom House  
One Bowling Green  
New York, NY 10004-1408

- **SEND A COPY OF YOUR OBJECTION TO THE TRANSFEREE.**
- Refer to **INTERNAL CONTROL NO.** \_\_\_\_\_ in your objection and any further correspondence related to this transfer.

4. If you file an objection, a hearing will be scheduled. **IF YOUR OBJECTION IS NOT TIMELY FILED, THE TRANSFEREE WILL BE SUBSTITUTED FOR THE TRANSFEROR ON OUR RECORDS AS A CLAIMANT IN THIS PROCEEDING WITH RESPECT TO THE TRANSFERRED PORTION.**

CLERK

-----

**FOR CLERK'S OFFICE USE ONLY:**


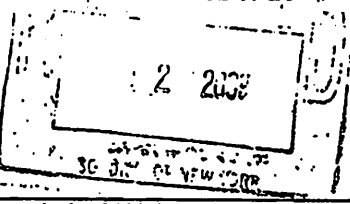
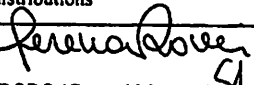
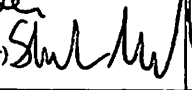
This notice was mailed to the first named party, by first class mail, postage prepaid on \_\_\_\_\_, 2011.

INTERNAL CONTROL NO. \_\_\_\_\_

Copy: (check) Claims Agent \_\_\_\_\_ Transferee \_\_\_\_\_ Debtor's Attorney \_\_\_\_\_

Deputy Clerk

-----

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000064043 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) SANTANDER PRIVATE BANKING SPA, AS AGENT Attention: Ms. Serena Roveri Via Senato 28 20121 - Milano, ITALY Telephone number: (39) 02 724381 - (39) 02 724382 295 Email Address: sroveri@santanderpb.it		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where payment should be sent (if different from above) Account number: IBAN IT70 G 0500 01600 BC0990003279 ISTITUTO CENTRALE BANCHE POPOLARI ITALIANE Corso Europa 18 20122 - Milano, ITALY Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ Unliquidated - see attached Addendum to Proof of Claim (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): See attached Addendum to Proof of Claim (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:</p> <p>See attached Addendum to Proof of Claim (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:</p> <p>See attached Addendum to Proof of Claim (Required)</p>			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions		<b>FOR COURT USE ONLY</b> 	
Date: October 21, 2009.	Signature: SERENA ROVERI  STEFANO BOCCADORO (General Manager) 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

XS0213899510	CA58312	14347
XS0213899510	CA58311	14347
XS0213899510	CA58310	14347
XS0224346592	CA58313	14347
XS0224346592	CA58314	14347
XS0162289663	CA04328	14347
XS0162289663	CA04327	14347
XS0162289663	CA04326	14347
XS0176153350	CA04333	14347
XS0176153350	CA04332	14347
XS0176153350	CA04331	14347
XS0181945972	CA04334	14347
XS0181945972	CA04330	14347
XS0181945972	CA04329	14347
XS0195431613	CA04325	14347
XS0195431613	CA04324	14347
XS0200284247	CA04319	14347
XS0200284247	CA04320	14347
XS0200284247	CA04322	14347
XS0200284247	CA04323	14347
XS0202417050	CA04321	14347
XS0202417050	CA04318	14347
XS0202417050	CA04317	14347
XS0202417050	CA04316	14347
XS0202417050	CA04315	14347
XS0202417050	CA04314	14347
XS0202417050	CA04310	14347
XS0202417050	CA04311	14347
XS0202417050	CA04312	14347
XS0202417050	CA04309	14347
XS0202417050	CA04308	14347
XS0202417050	CA04307	14347
XS0202417050	CA04306	14347
XS0210782552	CA04313	14347
XS0211093041	CA04303	14347
XS0211093041	CA04305	14347
XS0218304458	CA04304	14347

Reservation of Rights

No judgment has been entered on any portion of the proof of claim.

The amounts of all payments on the claim have been credited and deducted for the purpose of making this proof of claim.

83 Plaintiff hereby reserves the right to assert further, additional and amended claims.



**Evidence of Transfer**

**EVIDENCE OF TRANSFER OF CLAIM**

TO: United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court")  
One Bowling Green  
New York, New York 10004  
Attention: Clerk of the Court

AND TO: Lehman Brothers Holdings Inc. (the "Debtor")

Case Name and Number: *In re Lehman Brothers Holdings Inc.*, 08-13555

Proof of Claim Number: 64043.01 (the "Proof of Claim")

Portion of the Claim Subject to Transfer (the "Transferred Claim"):

**This Evidence of Transfer of Claim relates solely to that portion of the Proof of Claim that is based on the following Lehman Programs Securities:**

DESCRIPTION OF SECURITY	ISIN	ISSUER	GUARANTOR	FACE AMOUNT	ALLOWED AMOUNT
LEHMAN BROS TSY 27/10/14 step c.	XS0202417050	Lehman Brothers Treasury Co. B.V.	Lehman Brothers Holdings Inc..	200,000.00	\$ 291,215.99

**The aggregate amount of the Transferred Claim is To Be Determined. For the avoidance of doubt, these Lehman Programs Securities are described on the Addendum to the Proof of Claim.**

**UBS Europe SE, ("Transferor")** hereby acknowledges to have unconditionally and irrevocably transferred and assigned to:

Banca Popolare di Sondrio  
Piazza Garibaldi 16  
Sondrio Italy 23100  
Telephone: 0039 0342 528927  
Fax: 0039 0342 528370  
Attn: De Alberti Gerry  
EMAIL [gerry.dealberti@popso.it](mailto:gerry.dealberti@popso.it)

("Transferee") all rights, title and interest in and to the Transferred Claim against the Debtor in Case No. CA04321 in the Bankruptcy Court, or any other court with jurisdiction over the bankruptcy proceedings of the Debtor.

Transferor hereby waives any objection to the transfer of the Transferred Claim to Transferee on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law.

B 210A (Form 210A) (12/09)

**Notice Pursuant to Bankruptcy Rule 3001**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re: Lehman Brothers Holdings Inc.

Case No.: 08-13555

Court ID (Court Use Only) CA04321

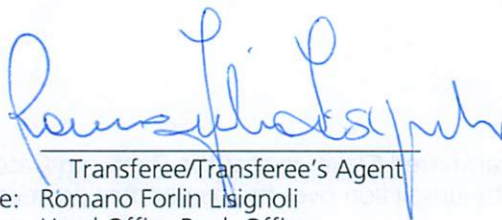
**NOTICE OF TRANSFER OF CLAIMS OTHER THAN FOR SECURITY  
PURSUANT TO BANKRUPTCY RULE 3001(E)(2)**

CLAIMS HAVE BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. §1111(a). Pursuant to Bankruptcy Rule 3001(e)(2), Transferee hereby gives notice of the transfer, other than for security, of the claims referenced herein.

<u>Name of Transferee:</u> Banca Popolare di Sondrio Scpa	<u>Name of Transferor:</u> UBS Europe SE
Notices to Transferee should be sent to: Banca Popolare di Sondrio Piazza Garibaldi 16 Sondrio Italy 23100 Telephone: 0039 0342 528927 Fax: 0039 0342 528370 Attn: De Alberti Gerry EMAIL gerry.dealberti@popso.it	<u>Court Record Address of the Transferor:</u> (Court use only)
Name and Address where transferee payments should be sent (if different from above):	Name and Current Address of Transferor UBS Europe SE Succursale Italia Via Benigno Crespi, 24 20159 Milano Italy
<u>Amount of Claim Being Transferred:</u>  EUR 200,000.00 (face amount securities)	
<u>Court Claim No. (if known):</u>	
<u>Date Claim Filed:</u> October 30, 2009	

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By:



Transferee/Transferee's Agent

Name: Romano Forlin Lisignoli

Title: Head Office Bank Officer

Date: November 2, 2017

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 & 3571.* As set forth in the attached Evidence of Transfer of Claim, Transferor has waived to the fullest extent permitted by law any notice or right to receive notice of a hearing under Bankruptcy Rule 3001(e).


Transferor acknowledges and understands, and hereby stipulates that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring the Transferred Claim to Transferee and recognizing the Transferee as the sole holder of the Transferred Claim.

You are hereby directed to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to Transferee.

IN WITNESS WHEREOF, the undersigned has duly executed this Evidence of Transfer of Claim by its duly authorized representative dated November 2, 2017.

UBS Europe SE  
Transferor

By:   
Name: Petracca Ivo  
Title: Head of Operation

By:   
Name: Piadena Marialuisa  
Title: Service Delivery Team Leader

ACKNOWLEDGED BY:

BANCA POPOLARE DI SONDRIO Scpa  
Transferee

By:   
Name: Romano Forlin Lisignoli  
Title: Head Office Bank Officer



**Exhibit C**

Address for Notices:

BANCA POPOLARE DI SONDRIO S.c.p.A.  
Piazza Garibaldi, 16  
Sondrio, 23100  
Italy

Attn: Gerry De Alberti – Servizio Finanza / Amministrazione Titoli